SECTION L. HORMONE MEDICATION HISTORY

Now I have some questions about medications that you may have used just before the onset of menopause, around the time of menopause, or after menopause. (Please do not include any birth control pills, shots, or implants already mentioned.)

L1. Before (REFERENCE DATE), did you ever use any of the medications listed on this card? These medications may have been in the form of a pill, shot, skin patch, vaginal cream, or suppository. Common reasons for these are irregular or heavy menstrual bleeding, delay of menopause, hot flashes, vaginal dryness, bladder problems, prevention or treatment of bone loss or osteoporosis, or prevention or treatment of heart disease or cardiovascular disease.

SHOW CARD L1

HORMONE HISTORY

I am interested in knowing when you used any hormone alone or when you used two hormones at the same time.

ASK L2-L13 FOR ONE EPISODE OF USE BEFORE ASKING ABOUT NEXT EPISODE.



		HORMONE 1	HORMONE 2
L2.	What is the name of the hormone you (first/next) used? SHOW CARD L1	NAME TYPE: ESTROGEN	NAME TYPE: ESTROGEN
L3.	In what month and year did you (first/next) use (HORMONE)?	_ _ / _ MONTH YEAR	_ _ / _ MONTH YEAR
L4.	Was this normone in the form of a pill, shot, skin patch, or vaginal cream or suppository?	PILL	PILL
L 5.	When you were using (HORMONE), did you usually take it every day or in cycles—that is, what was your pattern of use?	EVERY DAY	EVERY DAY
L6.	When you were using (HORMONE), how many times per week or month did you get a shot?	_ PER WK 1 (L10) TIMES PER MNTH 2 (L10) PER YR 3 (L10)	_ PER WK 1 (L10) TIMES PER MNTH 2 (L10) PER YR 3 (L10)
L7.	How many times per week or month did you change your skin patch?	_ PER WK 1 (L10) TIMES PER MNTH 2 (L10) PER YR 3 (L10)	_ _ PER WK 1 (L10) TIMES PER MNTH 2 (L10) PER YR 3 (L10)

HORMONE HISTORY (CONTINUED)

		HORMONE 1	HORMONE 2
LB.	How many times per week or month did you use (HORMONE?)	_ _ PER WK 1 TIMES PER MNTH 2 PER YR 3	_ PER WK 1 TIMES PER MNTH 2 PER YR 3
L9.	How many (applicatorfuls of cream/suppositories) did you use each time?	LT OR EQUAL TO 1 1 GREATER THAN 1 2	LT OR EQUAL TO 1 1 GREATER THAN 1 2
L10.	When did you (first/next): - stop using (HORMONE), - change dosage, or - change your pattern of use?	_ _ / _ MONTH YEAR CODE MONTH: LT 1 MONTH94 STILL TAKING95	_ / _ MONTH YEAR CODE MONTH: LT 1 MONTH94 STILL TAKING95
L11.	During any months when you were using (HORMONE), did you also use any other hormones? SHOW CARD L1	YES 1 NO 2 (NEXT OR SEC.M)	YES
L12.	What (is/are) the name(s) of the other hormone(s) you were using? SHOW CARD L1	TYPE: ESTROGEN	NAME TYPE: ESTROGEN
L13.	When you were using (HORMONE) with the hormone you just told me about, did you usually use <u>both</u> hormones every month or in cycles—that is, what was your pattern of use?	EVERY MONTH	EVERY MONTH

HORMONE HISTORY (CONTINUED)

ASK L2-L13 FOR ONE EPISODE OF USE BEFORE ASKING ABOUT NEXT EPISODE.

		HORMONE 3	HORMONE 4
L2.	What is the name of the hormone you (first/next) used? SHOW CARD L1	NAME TYPE: ESTROGEN	NAME TYPE: ESTROGEN
L3.	In what month or year did you (first/next) use (HORMONE)?	_ _ / _ MONTH YEAR	_ _ / _ MONTH YEAR
L4.	Was this hormone in the form of a pill, shot, skin patch, or vaginal cream or suppository?	PILL	PILL
L5.	When you were using (HORMONE), did you usually take it every day or in cycles—that is, what was your pattern of use?	EVERY DAY	EVERY DAY
LG.	When you were using (HORMONE), how many times per week or month did you get a shot?	_ PER WK 1 (L10) TIMES PER MNTH 2 (L10) PER YR 3 (L10)	_ PER WK 1 (L10) TIMES PER MNTH 2 (L10) PER YR 3 (L10)
L7.	How many times per week or month did you change your skin patch?	_ PER WK 1 (L10) TIMES PER MNTH 2 (L10) PER YR 3 (L10)	_ PER WK 1 (L10) TIMES PER MNTH 2 (L10) PER YR 3 (L10)

HORMONE HISTORY (CONTINUED)

		HORMONE 3	HORMONE 4
L8.	How many times per week or month did you use (HORMONE?)	_ PER WK 1 TIMES PER MNTH 2 PER YR 3	_ PER WK 1 TIMES PER MNTH 2 PER YR 3
L9.	How many (applicatorfuls of cream/suppositories) did you use each time?	LT OR EQUAL TO 1 1 GREATER THAN 1 2	LT OR EQUAL TO 1 1 GREATER THAN 1 2
L10.	When did you (first/next): - stop using (HORMONE), - change dosage, or - change your pattern of use?	_ / _ _ MONTH YEAR CODE MONTH: LT 1 MONTH94 STILL TAKING95	_ / _ MONTH YEAR CODE MONTH: LT 1 MONTH94 STILL TAKING95
L11.	During any months when you were using (HORMONE), did you also use any other hormones? SHOW CARD L1	YES 1 NO 2 (NEXT OR SEC. M)	YES 1 NO 2 (NEXT OR SEC. M)
L12.	What (is/are) the name(s) of the other hormone(s) you were using? SHOW CARD L1	NAME TYPE: ESTROGEN	NAME TYPE: ESTROGEN
L13.	When you were using (HORMONE) with the hormone you just told me about, did you usually use <u>both</u> hormones every month or in cycles—that is, what was your pattern of use?	EVERY MONTH	EVERY MONTH